Sch	edule E)		PAGE 1 OF 54 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC		C C00530766
Chec	k if 24-hour report X 48-hour report X New rep	port Amends repo	ort filed on
	Full Name of Payee Paramount		Date of Public Distribution/Dissemination
			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 525-K East Market Street		Amount
	114		
	City State Leesburg VA	Zip Code 20176	75.30 Transaction ID : f466c73b-28a5-449b-b
L		20170	Date of Disbursement or Obligation
	Purpose of Expenditure Food	Category/ Type 007	10 / 02 / 2014
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
l	Calendar Year-To-Date Per Election for Office Sought	146489.04	Disbursement For: Primary General 2014 Other (specify) ▶
	-ull Name of Payee		Date of Public Distribution/Dissemination
	Paramount		10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Mailing Address 525-K East Market Street		
	114		Amount
(City State	Zip Code	350.10
	Leesburg VA	20176	Transaction ID: b1b54cfe-53e3-4292-a Date of Disbursement or Obligation
	Purpose of Expenditure Blast Emails	Category/ Type 004	10 02 7 2014
Ī	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought	350713.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		425.40
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
_ ``			7 7 7
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized try committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed] Date	9 10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	DENT EXICIO	HONES	PAGE 2 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Pizza Hut			10 / 02 / 2014
Mailing Address 1990 M St NW			Amount
City	State	Zip Code	39.45
Washington	DC	20036	Transaction ID: 0e75e23c-ce7d-4a83-9 Date of Disbursement or Obligation
Purpose of Expenditure Blast Emails		Category/ Type 004	10 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	80.00
Salisbury	NC	28147	Transaction ID : 92775de5-cec0-4156-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		119.45
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- griddio			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cossession
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination
Collon R Overcash	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr	Amount
City State Zip Code	26.70
Salisbury NC 28147	Transaction ID: 37a62ea3-d440-473b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 05 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Chad E Day	Date of Public Distribution/Dissemination
Mailing Address	10 05 2014
Mailing Address 168 Emerald Hill	Amount
City State Zip Code	55.00
Forest City NC 28043	Transaction ID : 8662abaf-47ff-4800-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	0 07 2014
Signature	

Schedule E)	II EXI END	71101120		PAGE 4 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Chad E Day			М = 1	
Mailing Address 168 Emerald Hill			Amount	05 2014
City	State	Zip Code		36.09
Forest City	NC	28043		ion ID : e04bc4c6-1194-4c53-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	350713.54	Disbursement For 2014 Othe	or:
Full Name of Payee Camille N Yearry			Date of F	Public Distribution/Dissemination
Mailing Address 2025 NE 67th St			10	
City	State	Zip Code		25.00
Gladstone	MO	64118		on ID : b525b085-ff4c-474a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	77	131544.66	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			61.09
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	T EXI END			PAGE 5 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
o		. 🗆 .		M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee Camille N Yearry			М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2025 NE 67th St			Amount	
City	State	Zip Code		18.69
Gladstone	МО	64118		ction ID: 8a830359-2749-4c1e-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	0 05 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	31544.66	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Janet Morris				0 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 620 Old Barbome Rd Lot 2			Amount	
			Amount	
City	State	Zip Code		10.00
West Monroe	LA	71291		tion ID: dfa1155a-fb30-43d0-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 05 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	146489.04	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	28.69
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7
(c) TOTAL Independent Expenditures			· -	77
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		07 2014
Signature				

Schedule E)	LIVI EXI END	HONES	PAGE 6 OF 54 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
Janet Morris			10				
Mailing Address 620 Old Barbome Rd Lot 2			Amount				
City	State	Zip Code	0.84				
West Monroe	LA	71291	Transaction ID : a9776bbe-baf9-4548-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 05 / Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	.,.,	146489.04	Disbursement For: Primary General 2014 Gther (specify) ▶				
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination				
James E Dacus			10 05 7 2014				
Mailing Address 117 Cynthia Ave			Amount				
City	State	Zip Code	20.00				
Farmington	AR	72730	Transaction ID : b08190c0-51fb-42ac-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 05 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expen	ditures		20.84				
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•				
(c) TOTAL Independent Expenditures			·				
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 7 2014				
5							

Schedule E)	ENT EXILIND	TIONES	_	AGE 7 OF 54 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
James E Dacus			10 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code		3.00
Farmington	AR	72730		1a0abf47-fb1b-4a3b-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	131544.66	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	histribution/Dissemination
Joneisha Stewart			10 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		30.00
Marrero	LA	70072		1c6b6270-679b-404e-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,,	146489.04	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			33.00
.,			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	enditures		•	- Apr - Apr
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07	2014
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Schedule E)	TT EXI END	71.01120		PAGE 8 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Joneisha Stewart			M = M	
Mailing Address 2329 Runnymede Dr			Amount	05 2014
City	State	Zip Code		6.30
Marrero	LA	70072		on ID : 6b8c91f0-b14e-433b-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	05 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	146489.04	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Linda J Fueling			M M M	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6424 Purple Martin Ct				2011
			Amount	
City	State	Zip Code		50.00
Wilmington	NC	28411		n ID: 223e33c8-a337-44e3-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	350713.54	Disbursement For 2014 Other	r: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			56.30
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	7 7
(c) TOTAL Independent Expenditures			>	7 7 5
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		7 2014
Signature				

Schedule E)	LIVI EXI LIVE	JITONES	PAGE 9 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination
Mailing Address 6424 Purple Martin Ct			10 05 7 2014
5 0424 Fulpic Martin Ot			Amount
City	State	Zip Code	15.63
Wilmington	NC	28411	Transaction ID : 5c540093-21d0-4208-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 05 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID : 46f742a1-ab77-46e5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		115.63
(b) CURTOTAL of Heitageined Independent Fundamental	an alikuwa a		
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI LIVI	JII OI LO	PAGE 10 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 05 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	16.20
Eden	NC	27288	Transaction ID : a00add43-982a-4640-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			10 05 7 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	70.00
Bellaire	NC	77401	Transaction ID : b856fccb-5a2d-4132-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 05 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	146489.04	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		86.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	IN EXICIO	TIONES	PAGE 11 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination
Mailing Address 543 S 2nd St			10 05 2014
			Amount
City	State	Zip Code	9.00
Bellaire	NC	77401	Transaction ID: 81a0d0e6-ac42-47ee-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			10 05 7 2014
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	30.00
Granite Falls	NC	28630	Transaction ID : 60641bb1-02a5-49fc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	350713.54	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 39.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	IVI EXI END	TIONES	PAGE 1: FOR SE C	2 OF 54 DF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	ION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y = Y = Y
Full Name of Payee			Date of Public Distributio	n/Dissemination
Lucas H Hoyle			10 / 05	2014
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		12.90
Granite Falls	NC	28630	Transaction ID : fee68e2 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	10 05	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: Primar 2014 Other (specify) ▶	ry X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Kinsey E Beck			10 / 05	2014
Mailing Address 103 Glenhaven Ct			Amount	
City	State	Zip Code		40.00
Harvest	AL	35749	Transaction ID: 8057854 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	10 / 05	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	131544.66	Disbursement For: ☐ Prima 2014 ☐ Other (specify) ▶ _	ry X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			52.90
,,			7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014
3.9				

Mailing Address 103 Glenhaven Ct City State Zip Code Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Topose Sought: House District Mr. Mark L Pryor Topose President Senate State	
Check if 24-hour report	IMBER ▼
Check if	
Kinsey E Beck Mailing Address 103 Glenhaven Ct City State Zip Code Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address 103 Glenhaven Ct Amount Transaction ID: 224ea165-7a20- Date of Disbursement or Obligating Category/ Type 002 Support Office Sought: House District Senate State Disbursement For: Primary X 2014 Other (specify) ▶	Y
Mailing Address 103 Glenhaven Ct City State Zip Code Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 10 05 2 Amount Transaction ID: 224ea165-7a20 Date of Disbursement or Obligati Mr. Mork L Pryor Support Office Sought: House District Oppose President Senate State Disbursement For: Primary Amount Transaction ID: 224ea165-7a20 Date of Disbursement or Obligati Mr. Mark L Pryor Disbursement For: Primary Amount Transaction ID: 224ea165-7a20 Date of Disbursement For: Senate State Oppose President Senate State Other (specify) ▶	nination
City State Zip Code Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: 224ea165-7a20- Date of Disbursement or Obligati Category/ Type 002 M M M / D D / Y 2 Oppose President X Senate State Disbursement For: Primary X 2014 Other (specify)	2014
Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type Oppose Calendar Year-To-Date Per Election for Office Sought AL 35749 Transaction ID : 224ea165-7a20- Date of Disbursement or Obligati Category/ Type Oppose Support Oppose President Disbursement For: Primary AL 35749 Transaction ID : 224ea165-7a20- Date of Disbursement or Obligati M M M M M M M M M M M M M M M M M M M	
Harvest AL 35749 Purpose of Expenditure Mileage Category/ Type Oppose Calendar Year-To-Date Per Election for Office Sought AL 35749 Transaction ID : 224ea165-7a20- Date of Disbursement or Obligati Category/ Type Oppose Support Oppose President Disbursement For: Primary AL 35749 Transaction ID : 224ea165-7a20- Date of Disbursement or Obligati M M M M M M M M M M M M M M M M M M M	27.90
Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Type O02 Office Sought: House District Oppose President Support Oppose Disbursement For: Primary 2014 Other (specify) ▶ Other (specify) ▶	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Onice Sought	2014
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary ≥ 2014 Other (specify) ▶	t:00
Per Election for Office Sought 131544.66 2014 Other (specify) ▶	e:AR
Full Name of Payee Date of Public Distribution/Disser	General
	mination
	2014
Mailing Address 106 Wyncrest Ct Amount	
City State Zip Code	40.00
Hendersonville TN 37075 Transaction ID : fb617be6-6023-4 Date of Disbursement or Obligation	
	2014
Name of Federal Candidate Support Office Sought: House Distric	t: <u>00</u>
Mr. Mark L Pryor	e: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 131544.66 Disbursement For: 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	57.90
(a) SOBTOTAL OF REITHZER HIGHERICEN EXPENDITURES	07.90
(b) SUBTOTAL of Unitemized Independent Expenditures	40.1
(c) TOTAL Independent Expenditures	470
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, o with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	r concert
Ms. Emily Buchanan [Electronically Filed] Date 10 07 2014 Signature	

Schedule E)	LINDITONES	PAGE 14 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Tolicia J Colbert		10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 49 Sharon Circle		Amount
City State	Zip Code	25.00
Greenbrier AR	72058	Transaction ID : 948d2514-1068-4bec-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 05 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Mark L Pryor		President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		rsement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Tolicia J Colbert		10 05 2014
Mailing Address 49 Sharon Circle		Amount
City State	Zip Code	0.81
Greenbrier AR		Transaction ID : 2e124a2b-720c-4ca6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 05 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	131544.66 Disbu	
2.00.00.1 0.1 2.1.2 2.2.3.11		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	25.81
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed]	M / D D / Y Y Y Y Y Y
Signature	Electronically Filed] Date 10	0 07 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 15 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			10 05 / 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	42.50
Searcy	AR	72149	Transaction ID: 7826738c-ed5d-4b64-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	131544.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	-		Date of Public Distribution/Dissemination
Jeffrey Hampton			10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	22.56
Searcy	AR	72149	Transaction ID : af82dfe2-5dac-4846-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		65.06
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INI EXI END	HONES	PAGE 16 C FOR SE OF FOR	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y Y
Full Name of Payee			Date of Public Distribution/Disse	mination
Kenny Wallis				2014 Y
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		30.00
North Little rock	AR	72116	Transaction ID: e6eb2cab-2020 Date of Disbursement or Obligate	
Purpose of Expenditure Salary		Category/ Type 001	10 05 Y	^y 2014
Name of Federal Candidate		Support	Office Sought: House Distric	et: 00
Mr. Mark L Pryor		X Oppose	President X Senate Stat	e: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disse	mination
Kenny Wallis			10 05 Y	2014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		1.23
North Little rock	AR	72116	Transaction ID: 45b20892-5694 Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: House Distric	ot:00
Mr. Mark L Pryor		Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought	7	131544.66	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendi	tures			31.23
(,,			7 7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	-
(c) TOTAL Independent Expenditures			·	<u>~</u>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

Schedule	E)	TI EXI END			PAGE 17 OF 54 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
				T	1 M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	ne of Payee Ce Wolfe				of Public Distribution/Dissemination
Mailing /	Address 9909 Treasure Hill Rd				10 05 2014
	9909 Heasule Hill Nu			Amou	unt
City		State	Zip Code		25.00
Little Ro	ock	AR	72205		saction ID: 9a13a28d-6138-4337-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 05 7 2014
Name of	f Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mar	k L Pryor		X Oppose	Presid	ent Senate State: AR
	endar Year-To-Date Election for Office Sought	, 1	31544.66	Disbursemer 2014	nt For:
	ne of Payee			Date	of Public Distribution/Dissemination
Patric	ce Wolfe			Г	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 9909 Treasure Hill Rd				
				Amou	unt
City		State	Zip Code		7.80
Little Ro		AR	72205	Transa Date	action ID: 38e27eed-a0b9-4aa3-a of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002		10 / 05 / 2014
Name o	f Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mar	k L Pryor		Oppose	Presid	lent Senate State: AR
	endar Year-To-Date Election for Office Sought	7-1-7	131544.66	Disbursemer 2014	nt For:
(a) SUBT	FOTAL of Itemized Independent Expenditu	res		· •	32.80
(b) SUBT	TOTAL of Unitemized Independent Expend	litures		•	7 1 7 1 7
(c) TOTA	L Independent Expenditures			•	
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	07
Signat	ure				

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Gregory Green	10 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street Ar	mount
City State Zip Code	50.00
Shreveport LA 71104 Tr	ransaction ID : 531fe92f-d4a6-4c33-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payee Da	Other (specify)
Gregory Green	ate of Public Distribution/Dissemination 10 05 2014
Mailing Address 2506 Bolch Street	mount 05 2014
City State Zip Code	20.10
	ansaction ID: a0b30ee7-e46e-43c8-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 05 7 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburses 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	70.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	07 2014
Signature	

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OF

Schedule E)	. EXI END			PAGE 19 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ 0 0 / 7 7 7 7 7
Full Name of Payee Lilly Green				Public Distribution/Dissemination
				05 / 2014
Mailing Address 205 Medallion Circle			Amoun	t
City	State	Zip Code		60.00
Shreveport	LA	71119		ction ID: 8b40fcc6-c6aa-4ace-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee				f Public Distribution/Dissemination
Lilly Green				10 05 2014
Mailing Address 205 Medallion Circle			Amoun	t
City	State	Zip Code		18.00
Shreveport	LA	71119	Transac Date of	tion ID : 037aa264-293e-48f2-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	78.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	07 / Y 2014
Signature				

Sch	edule E)	EXI ENDI	TOTILO		PAGE 20 OF 54 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	⟨ if	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
- I	24-nour report 48-nour report	New repo	ort Amenas repo	rt illed on	
F	ull Name of Payee Francis Richardson				of Public Distribution/Dissemination
M	lailing Address 220 Doucet Rd			Amou	
С	ity	State	Zip Code		20.00
	Lafayette	LA	70503		action ID : 0dcc64db-3590-43d9-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 05 / Y Y Y Y
N	ame of Federal Candidate		Support	Office Sough	t: House District: 00
N	/Is. Mary L Landrieu		Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	1.	46489.04	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
	ull Name of Payee			Date of	of Public Distribution/Dissemination
'	Francis Richardson			M	10 05 2014
N	Mailing Address 220 Doucet Rd				
				Amou	nt
С	Sity	State	Zip Code		1.26
	Lafayette	LA	70503	Transa Date	ction ID : 92ba73c8-6ade-43a7-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	10 05 / 2014
	lame of Federal Candidate		Support	Office Sough	t: House District: 00
_ N	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			· •	21.26
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c)	TOTAL Independent Expenditures			•	7
witl	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ac	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	10	07 / 2014
	Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Ashley n Thompson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	nount
City State Zip Code	55.00
Lexington NC 27295 Tra	ansaction ID : a06d330e-fb0a-44c2-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Ashley n Thompson	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	nount
City State Zip Code	16.80
Da	nsaction ID: 880f8d0f-7bf7-4b5c-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 05 / Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	•
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	71.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	07
Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Randy G Lookabill	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 200 Carawood Lane	
	Amount
City State Zip Code	55.00
Lexington NC 27295	Transaction ID : cda7e84d-2d48-43ee-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Anthony Pearson	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 apache Dr	
	Amount
City State Zip Code	50.00
Search AR 72149	Transaction ID : 6fe09c26-4366-46b7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	Guiei (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	0 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)			PAGE 23 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			10 05 2014 Amount
City	State	Zip Code	13.95
Search	AR	72149	Transaction ID : e07f86a3-1544-4289-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	131544.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd			10 05 2014 Amount
City	State	Zip Code	50.00
goldonna	LA	71031	Transaction ID : ceecf736-f2b1-4869-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	146489.04	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 63.95
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 24 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			10 05 / 2014
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	6.00
goldonna	LA	71031	Transaction ID : c56e0fa6-cdb3-44ee-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	146489.04	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712			10 05 2014
			Amount
City	State	Zip Code	45.00
Alexander	AR	72002	Transaction ID : df8d5fa8-0e1b-4fc8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		51.00
(a) 332 33 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXI END	HONES	PAGE 25 OF 54 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	V
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Todd Ellis			10 05 7 2014	Y
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code	25.20	0
Alexander	AR	72002	Transaction ID : eccf032b-f428-4ce2-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 05 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Corey S McKnight			10 05 / Y Y Y Y Y Y	Υ
Mailing Address 1510 Bailey St			Amount	
City	State	Zip Code	30.00	П
West Monroe	LA	71292	Transaction ID : c78c243c-11ed-47b7-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 / 05 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	<u> </u>
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, ,	146489.04	Disbursement For:	eral
(a) SUBTOTAL of Itemized Independent Expen	ditures		55.20	\neg
(,,			7 7	_
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

Sche	dule E)	EXI END	1101120		PAGE 26 OF 54 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full	I Name of Payee liranda A Resinos				of Public Distribution/Dissemination
Ма	iling Address 1430 Sunnyside Rd			Amou	10 05 2014
City	y ma	State AR	Zip Code 72921		45.00 action ID : e6eca161-ae46-4f99-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nai	me of Federal Candidate		Support	Office Sough	t: House District: 00
Mr	. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 1	131544.66	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
M	Il Name of Payee Iiranda A Resinos ailing Address 1430 Sunnyside Rd				of Public Distribution/Dissemination
Cit	V	State	Zip Code	<u> </u>	12.90
Al	ma	AR	72921	Transa Date	oction ID: 791e8e3a-bc15-4f26-a of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		10 05 / 2014
	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr	r. Mark L Pryor		Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursemer 2014	at For: Primary ⊠ General
(a)	SUBTOTAL of Itemized Independent Expenditures	3		•	57.90
(b)	SUBTOTAL of Unitemized Independent Expenditure	res			
(c)	TOTAL Independent Expenditures			· .	7
with,	er penalty of perjury I certify that the independen , or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	07
S	Signature				

Scł	hedule E)		PAGE 27 OF 54 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends	s report f	iled on M M / D D / Y Y Y Y Y
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Eric Resinos		10 05 2014
	Mailing Address 1430 Sunnyside Rd		Amount
-	City State Zip Code		45.00
	Alma AR 72921		Transaction ID: 5595ddc1-1896-47d8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	10 05 / Y Y Y Y
Ī	Name of Federal Candidate Suppo	ort O	ffice Sought: House District: 00
	Mr. Mark L Pryor Oppos	se [President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 131544.66		isbursement For:
Г	Full Name of Payee		Date of Public Distribution/Dissemination
1	Danielle McCoy		10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 1025 Cayley Ct		10 00 2014
1			Amount
ŀ	City State Zip Code		50.00
	High Point NC 27260		Transaction ID: 00473871-6902-4c80-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	10 / 05 / Y Y Y Y
	Name of Federal Candidate Suppo	ort O	ffice Sought: House District: 00
	Ms. Kay Hagan Oppos	ose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought 350713.54		isbursement For:
(a	(a) SUBTOTAL of Itemized Independent Expenditures		95.00
(k	(b) SUBTOTAL of Unitemized Independent Expenditures	······ >	
(0	(c) TOTAL Independent Expenditures	······ >	
W	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or against committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Danielle McCoy	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	nount
City State Zip Code	20.10
High Point NC 27260 Tra	ansaction ID : 6b69d31d-c724-4d54-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 05 7 2014
Name of Federal Candidate Support Office So	ught: House District:00
Mc Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
	Other (specify)
Full Name of Payee Thomas Dias	ate of Public Distribution/Dissemination
Mailing Address 110 Maryella Dr	10 05 2014 mount
City State Zip Code	50.00
	insaction ID: 54ec0134-d192-4d76-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	70.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	PAGE 29 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fil	led on Mam / Dad / Yayayay
Full Name of Payee Thomas Dias	Date of Public Distribution/Dissemination
Mailing Address 110 Maryella Dr	10 05 2014 Amount
City State Zip Code Searcy AR 72143	32.40 Transaction ID : b0142654-432f-45c8-b
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 05 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary General 14 Other (specify) ▶
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST	10 05 2014 Amount
City State Zip Code	70.00
METAIRIE LA 70003	Transaction ID: d7d3ef68-3ba3-4258-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 05 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	102.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sche	edule E)	L /(1 L (1).	10.120		PAGE 30 OF 54 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Name of Payee Kaitlyn B Allen				e of Public Distribution/Dissemination
Ma	ailing Address 2121 Daniel Dr			Amou	10 05 2014 ount
Cit	tv	State	Zip Code	— [_	40.00
	searcy	AR	72143		saction ID: e231607b-bddd-4d36-a of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	Ir. Mark L Pryor		Oppose	Presid	^
	Calendar Year-To-Date Per Election for Office Sought	1	31544.66	Disbursemer 2014	ent For: Primary
K	ailing Address 2121 Daniel Dr				of Public Distribution/Dissemination
				Amou	
Ci S	ity Searcy	State AR	Zip Code 72143	Trans	34.50 saction ID : e13334aa-ceab-49db-8 e of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Soug	ght: House District: 00
M	1r. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		131544.66	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				74.50
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		··· 	
(c)	TOTAL Independent Expenditures			·· •	
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	07
,	Signature				

Schedule E)	I EXI END			PAGE 31 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Amelia Brackett			Date of Pul	blic Distribution/Dissemination
Mailing Address 804 Roundabout Circle			10 Amount	05 2014
City Searcy	State AR	Zip Code 72143		40.00 n ID : a25c50fc-60e1-492a-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	sbursement or Obligation / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	131544.66	Disbursement For: 2014 Other (Primary
Full Name of Payee Tylan S Green			Date of Pu	blic Distribution/Dissemination 05 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70131	Transaction Date of Dis	ID: f83c62a9-9dfe-4ca1-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	146489.04	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditure)S		,	120.00
(b) SUBTOTAL of Uniternized Independent Expendit	:ures		· •	
(c) TOTAL Independent Expenditures			•	7- 1 - 7- 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 07	
Signature		_		

Schedule E)	JENT EXTEND	TIONES	PAGE 32 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10 05 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	20.10
New Orleans	LA	70131	Transaction ID: 8671be23-9351-473f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,-,-	146489.04	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kaleigh J Wagner			10 05 2014
Mailing Address 18065 Wayne Rd			Amount
City	State	Zip Code	125.00
Odessa	FL	33556	Transaction ID : ade29c47-8643-4723-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Exper	nditures		145.10
(,,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			·
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Sched	dule E)		101123		PAGE 33 OF 54 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
	Name of Payee andy M Gold				of Public Distribution/Dissemination
Mai	ling Address 1436 Haigs Creek Dr			Amour	10 05 2014
City	,	State	Zip Code		125.00
Elg		SC	29045		action ID: ed984a40-2e0e-4619-9 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		10 05 7 2014
Nar	ne of Federal Candidate		Support	Office Sought	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	31544.66	Disbursement 2014 Of	t For: Primary ⊠ General
R	Name of Payee andy M Gold				of Public Distribution/Dissemination
Mai	iling Address 1436 Haigs Creek Dr			Amou	nt
City	/	State	Zip Code		94.35
Elç		SC	29045	Transa Date of	ction ID : d24ffcdd-e323-4fe6-8 f Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		10 05 / Y Y Y Y Y
	me of Federal Candidate		Support	Office Sough	t: District: 00
Mr.	. Mark L Pryor		X Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	131544.66	Disbursemen 2014 O	t For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	,		•	219.35
(b) §	SUBTOTAL of Unitemized Independent Expenditure	res			
(c) 1	FOTAL Independent Expenditures			· [7 1 7 1 7
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	07 2014
S	ignature				

Schedule E)	PAGE 34 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	oort filed on
Full Name of Payee Shantal C Culbreath	Date of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane	10 03 2014
	Amount
City State Zip Code	100.00
Woodbridge VA 22193	Transaction ID: 1a67bdda-7a35-4a1d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 350713.54	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Destiny S Philpott	10 03 7 2014
Mailing Address 3502 S 66th St Apt 47	Amount
City State Zip Code	34.50
Fort Smith AR 72903	Transaction ID: 45669a1e-67d2-4e07-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 03 / Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 131544.66	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	134.50
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat Signature	te 10 07 2014
Oignatuio	

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	eport filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	10 03 2014
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	80.00
Alma AR 72921	Transaction ID: 8e524f08-8eb5-4bf8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	10
Name of Federal Candidate Support	t Office Sought: House District:00
Mr. Mark L Pryor Oppose	
Calendar Year-To-Date Per Election for Office Sought 131544.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Miranda A Resinos	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	21.60
Alma AR 72921	Transaction ID : 25502b1c-a48b-4cde-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	02 10 03 7 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 131544.66	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	101.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 07 2014
Signature	

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 36 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Resinos			10 03 / 2014
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	80.00
Alma	AR	72921	Transaction ID : 2a8f9405-13eb-4ce3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	131544.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Resinos			10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	21.60
Alma	AR	72921	Transaction ID : c38ab696-442b-49c3-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expen	ditures		101.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	INT EXI END	TTOTILO	PAGE 37 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan J Sparks			10 / 04 / 2014
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	100.00
Searcy	AR	72149	Transaction ID: 05574e76-b719-4bcf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 04 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan J Sparks			10 04 7 2014
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	81.60
Searcy	AR	72149	Transaction ID: 81a1e4ff-95c4-4777-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 04 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	131544.66	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		181.60
(-,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. 3 			

Schedule E)		PAGE 38 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr		10 05 2014 Amount
City State	Zip Code	80.00
Spring Lake NC	28390	Transaction ID : b7e946d8-befa-4fbd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee Zachary R McCleese Mailing Address 323 Rolling Pines Dr		Date of Public Distribution/Dissemination M 10
		Amount
City State Spring Lake NC	Zip Code 28390	56.40 Transaction ID : 008e8b79-22d8-4dba-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 05 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		136.40
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	tronically Filed] Date	10 07 2014
Signature		

Sch	hedule E)		PAGE 39 OF 54 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
			M = M / D = D / Y = Y = Y
		eport filed or	
	Full Name of Payee Elvis Spears]	Date of Public Distribution/Dissemination
	Mailing Address 2150 Hope St		10 01 2014
			Amount
-	City State Zip Code		50.00
L	New Orleans LA 70119		Transaction ID: b0d587bc-42ed-4b38-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 00	01	10 01 / 2014
	Name of Federal Candidate Support	t Office S	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	P	resident State: LA
	Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For: Primary
Γ	Full Name of Payee		Date of Public Distribution/Dissemination
1	Elvis Spears		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 2150 Hope St		السنسا لنا لنا
1			Amount
ľ	City State Zip Code		2.33
	New Orleans LA 70119	T	ransaction ID: 3991a15c-715d-47f1-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 00	02	10 / 01 / 2014
	Name of Federal Candidate Support	t Office S	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	• F	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 146489.04	Disburs 2014	ement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures	····· •	52.33
(k	b) SUBTOTAL of Unitemized Independent Expenditures	····· >	
(0	c) TOTAL Independent Expenditures	····· • [
W	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date 10	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Sch	nedule E)	-/(1	10.120				PAGE 40 OF	
	TE OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NU	
Wo	omen Speak Out PAC						C00530766	
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Amend	ds repor	rt filed on	M /	D D / Y = Y	Y . Y
				·				
	Full Name of Payee Elvis Spears					of Public		nination 014
N	Mailing Address 2150 Hope St				Amou	nt		
	City Sta	tate	Zip Code			-		50.00
	New Orleans L	LA	70119				D: 7e4c1925-e66f- rsement or Obligati	
	Purpose of Expenditure Salary		Category/ Type	001		10	D D / Y	2014
1	Name of Federal Candidate		Supp	port	Office Sough	t:	House District	:00
	Ms. Mary L Landrieu		У Орр		Preside	_	Senate State	7
	Calendar Year-To-Date Per Election for Office Sought	1	46489.04]	Disbursemen 2014 O	t For: ther (sp		General
	Full Name of Payee Elvis Spears						Distribution/Disser	
_	•					10		2014
	Mailing Address 2150 Hope St				Amou	nt		
	City St	tate	Zip Code					1.20
		LA	70119		Transa Date	ction ID	: 88a3934b-c1bd- rsement or Obligati	4b67-a on
	Purpose of Expenditure Mileage		Category/ Type	002		10		2014
1	Name of Federal Candidate		Sup	port	Office Sough	t:	House Distric	t: <u>00</u>
	Ms. Mary L Landrieu		Х Орр	ose	Preside		Senate State	-
	Calendar Year-To-Date Per Election for Office Sought		146489.04		Disbursemen 2014 C		ecify) ▶	General
(а	a) SUBTOTAL of Itemized Independent Expenditures				· [5	1.20
(b	b) SUBTOTAL of Unitemized Independent Expenditures	3			· [
(с	c) TOTAL Independent Expenditures				.	1 7		
wi	nder penalty of perjury I certify that the independent e ith, or at the request or suggestion of, any candidate o arty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M /	07	2014	1
	Signature		_					•

Schedule E)				PAGE 41 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jacob T Craig			Date of Pu	ublic Distribution/Dissemination
Mailing Address 1410 Bushville Dr			Amount	25 2014
City Lenoir	State NC	Zip Code 28645		90.00 on ID : 0add00e2-7e0f-43ab-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Di	sbursement or Obligation / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	350713.54	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Jacob T Craig Mailing Address 1410 Bushville Dr			09	ublic Distribution/Dissemination
			Amount	
City Lenoir	State NC	Zip Code 28645	Transaction	26.25 n ID: 195a8948-ad2f-49bb-a isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	350713.54	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		>	116.25
(b) SUBTOTAL of Unitemized Independent Expendit	tures		·	7 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 0	7 2014
Signature				

Schedule E)	ENT EXTEND	TIONES	<u> </u>	PAGE 42 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Jacob T Craig			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		90.00
Lenoir	NC	28645		: e95e8297-4e0f-4580-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M = M / 09	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	350713.54	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jacob T Craig			09	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		26.25
Lenoir	NC	28645		: 3acffe17-d744-4dcd-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	350713.54	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	116.25
/b) CURTOTAL of Unitemized Independent Fun	anditura a			
(b) SUBTOTAL of Unitemized Independent Expo	enaltures		>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 07	2014
-				

Schedule E)	JENT EXILIND	TIONES	PAGE 43 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination
Mailing Address 3300 Asher Ave			10 03 / 2014
Maining Address 3300 Asher Ave			Amount
City	State	Zip Code	60.00
Little Rock	AR	72204	Transaction ID: 08fa3c7f-0273-473f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	-,-,-	131544.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kevin L Battle			10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Asher Ave			Amount
City	State	Zip Code	36.00
Little Rock	AR	72204	Transaction ID : df596784-210f-4234-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		96.00
(b) SUBTOTAL of Unitemized Independent Exp	penditures)
(c) TOTAL Independent Expenditures			•
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Windy Hageman	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	40.00
Marrero LA 70072	Transaction ID: c591a65c-a3eb-47da-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 01 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payer	
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination 10 01 2014
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	1.80
Marrero LA 70072	Transaction ID : 45d2d508-de84-4f81-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 01 Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	0 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends in	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Windy Hageman	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	17.50
Marrero LA 70072	Transaction ID: 6dcd25b5-69f4-4847-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 / 01 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	e President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St.	Date of Public Distribution/Dissemination 10 Amount
City State Zip Code	1.80
Marrero LA 70072	Transaction ID : a60163ca-e59c-4979-b
Purpose of Expenditure Mileage Category/ Type 0	Date of Disbursement or Obligation 10 01 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	e President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 146489.04	Disbursement For: Primary General 2014 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 07 2014
Oignaturo	

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OF

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NAME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report An	nends report filed on	M / D D / Y Y Y Y Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Windy Hageman		0 01 2014
Mailing Address 5521 Randolph St.	Amount	t .
City State Zip Code		10.00
Marrero LA 70072		ction ID: e9c2e798-6fe0-43eb-9 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	M	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Oth	For: Primary
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St	M	Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	Amoun	t
City State Zip Code		3.00
Marrero LA 70072		tion ID: 6c7ad045-04b1-4beb-8 Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type		0 01 2014
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Mary L Landrieu	Oppose Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 146489.0	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	13.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7
(c) TOTAL Independent Expenditures	······································	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10	07 / 2014
Signature		

PAGE

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OF

Schedule E	E)	DEITI EX EILE.	1101120		PAGE 47 OF 54 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour repo	rt New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Cynthi	of Payee a J Christmas				of Public Distribution/Dissemination
Mailing Ac	Idress 1731 Frenchmen St			L	10 01 2014
	1/31116HGHHIGH GC			Amour	nt
City		State	Zip Code		50.00
New Orle		LA	70116		action ID: 01d1723e-8530-4a93-8 of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001	M	10 01 / 2014
Name of I	Federal Candidate		Support	Office Sough	: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	1	46489.04	Disbursement 2014 Of	t For: Primary
Full Name				Date of	of Public Distribution/Dissemination
Cynthia	a J Christmas			M	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ddress 1731 Frenchmen St				10 01 2014
	170111010111101			Amou	nt
City		State	Zip Code		2.33
New Orle		LA	70116	Transa Date o	ction ID : 50b5d147-d426-42ae-b of Disbursement or Obligation
Purpose of Mileage	f Expenditure		Category/ Type 002	M	10 / 01 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		146489.04	Disbursemen 2014 O	t For: Primary X General
(a) SUBTO	OTAL of Itemized Independent Expe	enditures		>	52.33
(b) SUBTO	TAL of Unitemized Independent E	xpenditures		•	72 1 72 1 72
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at t		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	07 2014
Signatur	e				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 48 FOR SE OF	OF 54 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/	/Dissemination
Claire A Smith			10 / 05	2014
Mailing Address 6610 Walcott Rd			Amount	
City	State	Zip Code		50.00
Paragoud	AR	72450	Transaction ID : fcaefb01- Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	10 / 05	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	131544.66	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	/Dissemination
Claire A Smith			10 05	2014
Mailing Address 6610 Walcott Rd			Amount	
City	State	Zip Code		13.95
Paragoud	AR	72450	Transaction ID : 3f642939- Date of Disbursement or 0	
Purpose of Expenditure Mileage		Category/ Type 002	10 05	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		131544.66	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expen	ditures			63.95
, ,			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y 201	4
=				

Schedule E)	1 6/11 6/12			PAGE 49 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Cynthia J Christmas			Date of	M / D D / Y Y Y Y
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70116		tion ID: e0e2e644-d827-4da1-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement F 2014 Other	For: Primary
Full Name of Payee Cynthia J Christmas			Date of	Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			10	
			Amount	
City	State	Zip Code		1.20
New Orleans	LA	70116	Transact Date of	ion ID: 46e1e788-d4b1-4f43-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	146489.04	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			51.20
(-)				7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	4 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		07 2014
Signature				

Schedule E)	PENT EXTEND	ITOTILO	PAGE 50 FOR SE OF FO	OF 54 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	YYY
Full Name of Payee			Date of Public Distribution/Dis	semination
Cynthia J Christmas			10 / D D / Y	2014 Y
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70116	Transaction ID : 989b3612-a8 Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	10 / 03 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Mary L Landrieu		X Oppose		ate: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dis	semination
Cynthia J Christmas			10 / D D / Y	2014
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		2.01
New Orleans	LA	70116	Transaction ID : c6d1ac18-62a Date of Disbursement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 03 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
Ms. Mary L Landrieu		Oppose	President Senate S	tate: LA
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Exper	ditures			62.01
, , ,			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	-
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
- 3				

Schedule E)	LIVI EXI END	TTOTILO	PAGE 51 OF 54 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Elvis Spears			10 03 / 2014	
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code	60.00	
New Orleans	LA	70119	Transaction ID: 0328bfef-675e-4fd3-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		146489.04	Disbursement For: Primary General	
Full Name of Payee			Date of Public Distribution/Dissemination	
Elvis Spears			10 03 7 2014	
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code	2.01	
New Orleans	LA	70119	Transaction ID : d9fe5375-5d6e-47f1-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	146489.04	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expen	ditures		62.01	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

Schedule E)	LIVI EXI EIVE	TIONES		PAGE 52 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			09	30 / 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		70.00
Saltville	VA	24370	l l	o : cf2c0a13-8c98-4cb5-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		350713.54	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			M M /	30 / 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		54.60
Saltville	VA	24370		: 57438b1b-330f-460b-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	350713.54	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			124.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			•	45
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 07	2014
s.g				

Schedule	E)	11 = 11 = 11 = 11	1101120		PAGE 53 OF 54 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	ne of Payee na A Jones				of Public Distribution/Dissemination
Mailing A	Address 7151 Mullins Drive			Amour	10 01 2014
City		State	Zip Code		80.00
Saltville		VA	24370		action ID : 6a9af8d1-8a9d-44bf-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	, , ,	350713.54	Disbursement 2014 Of	t For: Primary X General
	ne of Payee na A Jones Address 7151 Mullins Drive				of Public Distribution/Dissemination
				Amou	
City Saltville		State VA	Zip Code 24370	Transa Date o	58.80 ction ID : ece904ca-5ff1-4e57-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		Oppose	Preside	-
	endar Year-To-Date Election for Office Sought	7	350713.54	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBT	OTAL of Itemized Independent Expenditu	ıres		•	138.80
(b) SUBT	TOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTA	L Independent Expenditures			•	7 1 7 1 7
with, or at	nalty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	m / 10	07 2014
Signat	ure				

Sch	hedule E)		PAGE 54 OF 54 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C C00530766
01	V N	A file de a	-M / D D / Y = Y = Y
	ck if 24-hour report 48-hour report New report Amends report	t filed on	_
	Full Name of Payee Serena A Jones	M	of Public Distribution/Dissemination
N	Mailing Address 7151 Mullins Drive	Amoun	
	City State Zip Code	- [85.00
- 1	Saltville VA 24370		action ID: a13b62d2-54b9-4ae3-a of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001		10 02 / Y Y Y Y Y
1	Name of Federal Candidate Support	Office Sought	it: House District: 00
	Ms. Kay Hagan Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 350713.54	Disbursement 2014 Ot	ther (specify) ▶
	Full Name of Payee	Date o	of Public Distribution/Dissemination
Т	Serena A Jones		10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ī	Mailing Address 7151 Mullins Drive		للنبا لنا لن
Т		Amour	ınt
(City State Zip Code	─ []	49.80
	Saltville VA 24370	Transac Date o	action ID: f4015e2a-b12b-4bb8-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10 / 02 / 2014
1	Name of Federal Candidate Support	Office Sought	nt: House District:00
	Ms. Kay Hagan Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 350713.54	Disbursement 2014 Ot	nt For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	•	134.80
(b	b) SUBTOTAL of Unitemized Independent Expenditures	.	
(с	c) TOTAL Independent Expenditures	.	4595.19
wi	Under penalty of perjury I certify that the independent expenditures reported herein were revith, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	10	07
	Signature		